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## **National Data on HIV Prevalence Among Disadvantaged Youth in the 1990s**

*Most Compelling Evidence to Date of the Continued Impact of HIV  
on Young African-American Women*

Young disadvantaged women, particularly African-American women, are being infected with HIV at younger ages and at higher rates than their male counterparts, according to a new CDC study published in the September 1998, issue of the *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology (JAIDS)*. The study presents data from 1990 through 1996 on the rates of HIV infection among entrants to the U.S. Job Corps program, a federally funded job training program for disadvantaged out-of-school youth from all 50 states and U.S. territories. While not representative of all youth, these data provide a snapshot of the continuing toll of HIV among the many young people in the United States who are economically and educationally disadvantaged.

The results indicate that of the over 350,000 16- to 21-year-olds tested, more than 2 per 1,000 were HIV-infected, with rates among young African-American women exceeding 5 per 1,000. Young African-American women had the highest HIV infection rate of any group.

### ***Women at Greater Risk at Early Ages***

One of the most alarming findings was the elevated risk among young women, compared to young men. During the seven-year study period, HIV prevalence was 50% higher for women in the study than for men (3 per 1,000 versus 2 per 1,000) as a result of dramatically higher rates of infection among young women 16-18 years of age. With increased age, the differences in prevalence diminished, and at 19, 20, and 21, there were no significant differences between women and men. These findings point to the critical need to reach young women early and provide them the skills and information needed to protect themselves from infection. Many of these young women are likely infected by men older than themselves. Prevention programs for disadvantaged young women should include a focus on building the self-esteem and skills necessary to delay sexual intercourse and to negotiate condom use.

### ***African-American Women Disproportionately Affected***

HIV prevalence among young African-American women was 7 times higher than for young white women, and 8 times higher than for young Hispanic women (rates were 4.9 per 1,000, 0.7 per thousand, and 0.6 per thousand, respectively). By age 20, the HIV

infection rate for African-American women in the study was 7 per 1,000.

### ***Greatest Impact in the South and Northeast***

These data suggest that HIV prevalence among disadvantaged young women is highest in the District of Columbia (10.3 per 1,000), Florida (9.8 per 1,000), Maryland (9.1 per 1,000), South Carolina (8.2 per 1,000), and Louisiana (5.1 per 1,000). Rates among young men were highest in the District of Columbia (7.8 per 1,000), Florida (4.2 per 1,000), Maryland (3.9 per 1,000), Connecticut (3.8 per 1,000), and Virginia (3.7 per 1,000).

### ***Implications for Prevention: Despite Declines Over Time, Far Too Many Infected at Young Ages***

Looking at changes in HIV prevalence over time can provide an indication of the impact of prevention efforts. From the beginning of the study period to the end, HIV prevalence among young people in the Job Corps was cut in half. HIV prevalence among women dropped from 4 per 1,000 in 1990 to 2 per 1,000 in 1996, and HIV prevalence among men dropped from 3 per 1,000 in 1990 to 1.5 per 1,000 in 1996. These and other data suggest that HIV prevention has contributed to a significant slowing in the spread of the HIV epidemic. However, far too many young men and women continue to be infected with HIV, and these data indicate that much of the burden falls on our nation's most disadvantaged youth. Rates of HIV infection among Job Corps participants are more than 2 times higher than rates among youth seen in adolescent health clinics and more than 8 times higher than among young people of the same age applying for military service.

Comprehensive HIV prevention efforts for young people must be sustained and must include programs targeted to young people who are neither in school nor workplace settings. Several community-based programs for disadvantaged inner-city young people have been found effective in reducing risk behaviors. It is critical that effective approaches be replicated more widely, particularly in areas of high prevalence among young people. Despite signs of success, much remains to be done to reduce the toll of the epidemic among our nation's youngest and most vulnerable populations.

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